

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

DATAMASTER MAINTENANCE REPORT

BRECEIVED

By Carol Day

RECEIVED

By Carol Day at 9:46 am, Jun 18, 2014

| Complete this report at the Complete this report whene Retain the original and sen | ever the instrument is | s serviced or repa | ired and wh | enever it is | placed into servi | days). ice. | | | |
|--|---|--|---------------------------------------|---|---------------------|-------------------------------|---------------------|-------------|--|
| DATAMASTER SN 201194 | MASTER SN NAME OF AGENCY | | | | | DATE OF INSPECTION 06/02/2014 | | | |
| LOCATION OF INSTRUMENT (STREET AND CITY) | | | | TIME OF INSPECTION | | | | | |
| 1000 N. Desloge Dr., Desloge, MO 63601 | | | | 12:55 pm y or if operating within established limits. (Write in observed values | | | | | |
| CHECKLIST: Place a mark where determined.) Unmark | | | | | g within establish | ed limits | . (Write in observ | ed values | |
| DIAGNOSTIC CHECK (PRINTOUT ATTACHED) | | | • | DATE AND TIME (from printout) 06/02/2014 12:55 | | | | | |
| | | | ☑ DE | TECTOR | | | | | |
| ☑ PROGRAM | *************************************** | The state of the s | ☑ FIL | TERS | | | | | |
| ☑ HEATERS SAMPLE | E CHAMBER | 49°C | ☑ QL | JARTZ STAN | NDARD | | | | |
| ☐ FLOW DETECTOR | | | ☑ CA | | | | | | |
| ☑ PUMP HIGH SPEED | | | ☑ PR | PRINTER | | | | | |
| ☑ INDICATOR LIGHTS | | | | | | | | | |
| SIMULATOR SOLUTION | N SUPPLIER Guth | Laboratories | | LOT # <u>_</u> 1 | 4030 | _ EXP. C | OATE 01/22/201 | 14 | |
| SIMULATOR TEMP (34 | 1°C ± 0.2°C) | 34 °C | SIMULATO | OR SN | 093752 | _ EXP. C | DATE 01/09/201 | 15 | |
| ☑ CALIBRATION CHECK | - (ONLY ONE STAI | VDARD IS TO BE | USED PE | R MAINTEN | ANCE REPORT | 7) | | | |
| Run three tests using a less. Mark the box corre 0.100% STANDARD 0.080% STANDARD 0.040% STANDARD | esponding to the star - MUST READ BET - MUST READ BET | ndard solution beir WEEN 0.095% AI WEEN 0.076% AI | ng used. (P ND 0.105% ND 0.084% | RINTOUT A INCLUSIVE INCLUSIVE | FTACHED) | and must | : have a spread o | of .005 or | |
| TEST 1 🖝 .098 | TEST 1 .098 TEST 2 .098 | | | | TEST 3 ♥ .098 | | | | |
| PERFORM R.F.I. TEST | (PRINTOUT ATTAC | HED) | | | | | | | |
| INDICATE THE NUMBER ((DO NOT INCLUDE SELF- | | | /ING RANG | ES SINCE | THE LAST MAI | AANSTV | ICE REPORT: | | |
| REFUSALS 2 (004) | 0 (.08 | 509) 0 | (.1014) | 1 | (.1519) | 0 | OVER .19 | 0 | |
| LIST ANY NEW PARTS AND DESCRIBE (USE OTHER SIDE IF NECESSARY). This instrument is operat | | | DE TO RESTORE | THE INSTRUME | NT TO OPERATE SATIS | SFACTORILY | (AND WITHIN ESTABLI | SHEO LIMITS | |
| INSPECTING OFFICER | | | 111 | | | | | | |
| SIGNATURE YOT | | | | PRINT FULL NAME G. Brad Judge | | | | | |
| TYPE II PERMIT NUMBER/EXPIVATION DATE 230003, 01/08/2016 | | | | TELEPHONE NUMBER (573) 431-1463 | | | | | |
| RETURN COMPLETED REPORT T | 2875 | a Alcohol Program James Blvd. Bluff, MO 63901 | , MO Depar | tment of He | alth and Senior | Services | Southeast Dist | rict Office | |



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14030 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 22, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1215% (w/vol) ethyl alcohol. The expiration date for this lot number is January 20, 2016 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALDONOL PROGRAM



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DATAMASTER

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230903 NUMBER 01/06/2015 EXPIRES _

MO 540-0771 (8-10)

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DIMECTION OF STATE PUBLIC HEALTH LAGGRATOR Vachale Stal 1

DIRECTOR OF DEPARTMENT OF HEALTH AND SEINOR SERVICES

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster

Evidence Ticket

STATE OF MISSOUR)
DESCOSE POLICE DEPARTMENT

BRC DATAMASTER SERIAL NUMBER 201194 06/02/14

YESTING OFFICER:
JUDGE/BRAD
OFFICER I.D.: 407
FERMIT MUMRER: 2300000
EXPIRATION DATE: 01/08/15
MISCELLAREOUS DATE:
69TH .100 SOL
LOT14800

-- SUPERVISOR FORE ---

| BLANK TEST | , WEG | 12:58 |
|--------------------|------------------|-------|
| 114 ERHRU STAHURRO | VERIELEA | 18458 |
| EXTERNAL STANDARD | * (4.01) | 12:59 |
| BLANK TEST | | 12159 |
| EXTERNAL STRELORD | . 898 | 13898 |
| MURMS FEST | , ÇH <u>İ</u> Hİ | 10491 |
| . EXTEXMU STOROGRA | . gigis | |
| BEANK TEST | , GRG | 18:08 |
| | | |

H = 3 SIM. = .1 AV6. = .098

RATOR SIGNATURE

Stock No.

P.D. Sandy Edu

REORDER ALL SUPPLIES FROM N.P.A.S. P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

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Evidence Ticket

STATE OF MISSOURE DESLOGE POLICE DEPARTMENT

BAC DATEMASTER SERIAL NUMBER 201194 86/08/14 12:55

--- MARMOSTIC CHESK ---

CUMPLICAL

OKEY

特拉克拉特 (64-07-2609)。

外门门

HERTERS

SEMPLE CHAMBERS

9.0

FLOW DETECTORS

OKAY

HIGH SPEED:

DE AY

OF YELLOWS

URBY

FILLIERS:

ÜKRIY

QUARTZ STAMORAGO

DKGY

CONTRACTOR

OKRY

PRINTER TEST

OPERATOR SIGNATURE

P.O. and I Carlo

Card Stock No.

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STATE OF MISSOURI DENI OGE FOR OF DEPARTMENT

BAC DATAMASTER SERIAL HAMBER 2011/94 96.798714

REREST line: 16:00 KUBUECH MOMES JUDGEZBARTALEY DUB: 69789791 SEM4 K STRIEZE, L.: MEZZESASGE ARPESTING OFFICER: JUNGEZE OFFICER (.F.: 092 TESTING OFFICER: JUDGEZE OFFICER L.D.: 467 PERMIT NUMBER: 230003 EMPTRATION DATE: 01/00/15 PISCELLAMEDUS INTER SET ONE

--- BREATH AMOUNTS ---

BLANK YUST INTERNAL STANDARD RETUIL IN ERFERENCE , (g(35) 13:44 VERIEDED.

13:10

OPERATOR SIGNATURE

Card Stock No.

REORDER ALL SUPPLIES FROM N.P.A.S. P.O. BOX 1435, MANSFIELD, OH 44901